







*City and County of the City of Exeter*

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EDUCATION COMMITTEE.

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ANNUAL REPORT  
OF THE  
School Medical Officer  
FOR THE  
CITY AND COUNTY OF  
THE CITY OF EXETER.

1936.

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## *SCHOOL MEDICAL STAFF.*

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### **School Medical Officer.**

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

### **Assistant School Medical Officers.**

JESSIE SMITH, M.B., Ch.B., D.P.H., Leeds.

ANDREW DICK, M.B., D.P.H., Glasgow.

### **Part Time.—(Temporary).**

S. J. P. GRAY, M.A., M.B., B.Chir. Camb., F.R.C.S.E.

Operative treatment for Tonsils and Adenoids.

### **School Dental Surgeon.**

GEORGE VALENTINE SMALLWOOD, LDS., Eng.

### **School Nurses.**

MISS C. A. KNUCKEY.

MISS B. M. KNUCKEY.

MISS M. M. FOY.

MISS D. HICKSON.

MISS D. ARCHER.

MISS A. EDDS.

### **Clerks.**

W. G. LOTT.

N. E. SEARLE.

Annual Report  
of the  
School Medical Officer  
for the  
CITY AND COUNTY OF THE CITY OF EXETER,  
1936.

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*To the Chairman and Members of the Education Committee.*

I have the honour to submit my Report upon the Medical Inspection of School Children for the year 1936. The Report has been planned according to the instructions of the Board of Education and contains the information the Board requires.

**1.—STAFF.**

Particulars of the Staff are given on Page 3.

**2.—CO-ORDINATION.**

The School Medical Officer is also Medical Officer of Health and the Assistant School Medical Officers are Assistant Medical Officers of Health.

**3.—SCHOOL HYGIENE.—Alterations and Improvements in Schools.**

During the year a new low pressure hot water heating installation has been supplied to Cowick Street Infants.

Electric lighting has been installed in all departments of Ladysmith Road School including the Cookery Centre. New

lavatory basins supplied to Newtown Boys' School. Hygienic drinking fountains have been supplied to eight schools, viz. : Cowick Street Infants, Exwick Mixed, Holloway Street Girls, St. James Girls, Junior Technical, Ladysmith Road Infants, St. Mary Arches Girls and Infants, St. Thomas Girls.

Work is proceeding on two new school buildings, viz. : a school for 480 senior boys at Ladysmith Road and a school for 360 senior boys adjacent to John Stocker School.

In addition an extensive rebuilding scheme is in progress in connection with the Episcopal School (non-provided) necessitating the use of temporary accommodation meantime.

#### **4.—MEDICAL INSPECTION.**

The Board's scheme of medical inspection began in 1908 and has continued with very little modification to the present time. Such changes as have occurred have been in the direction of providing better facilities for special kinds of treatment rather than alterations in the arrangements for inspection.

During the past year or two many suggestions have been made for altering and possibly improving the scheme of inspection. These are summarised in the Annual Report of the Board's Chief Medical Officer for 1935.

The raising of the leaving age makes it certain that a fourth routine inspection will have to be added to the three existing ones, namely—entrants, eight year olds and twelve year olds. To be of real value this fourth and final examination should be in the last year, or even the last term, during which the child attends school. Moreover it should have a vocational bent. It has been suggested that more responsibility might be handed over to the school nurse. Where the nursing staff is sufficient an experiment is in progress which consists in converting the periodical cleanliness examinations by nurses into a more general examination. Defective children discovered on these occasions are then passed to the clinic medical officer for advice. Some school nurses do make a fuller use of routine cleanliness examinations than the name implies and this is all to the good.

Experience in other branches of the public medical services makes me extremely doubtful of the wisdom of abolishing routine



inspections, as has been suggested in some quarters. I do think, however, that many supplementary examinations could very well be done by school nurses with great saving of time and expense. Doubtful cases could be referred to the medical officer. Among such supplementary examinations are included examinations for camp, for suitability for swimming instruction, for domestic science instruction, and even re-examinations for employment after the initial certificate has been given by the medical officer. The examining nurse would be supplied with each child's record card, and if by any chance the card were not sufficiently informative, that in itself would be a good reason for reference to the medical officer.

In the discussions that have taken place over the present arrangements it seems to me that two things are often overlooked. First, the success of the scheme is largely due to its simplicity and to the fact that the Board has adhered to this simple scheme through the years. Secondly, it was always intended that the scheme should be adequately supplemented by special examinations and follow-up or re-examinations. This last point is an important factor in the success or otherwise of the work.

## **5.—FINDINGS OF MEDICAL INSPECTIONS AND TREATMENT.**

### **(a) Uncleanliness.**

During the year, 272 visits were made by the Nurses in this connection involving 21,492 examinations, the number found to be unsatisfactory being 797, a decrease on last year. No legal proceedings were taken under Section 87 of the Education Act, 1921, but 18 children had to be dealt with at the Cleansing Station.

### **(b) Minor Ailments.**

Treatment for these is given at the School Clinic, see Table IV., Group I.

#### *(i) Minor Eye Defects.*

25 cases were treated at the School Clinic, making 162 attendances.

#### *(ii) Minor Ear Defects.*

87 cases were treated at the School Clinic, making 1,244 attendances.



(iii) *Miscellaneous.*

*e.g.*, minor injuries, bruises, sores, chilblains, etc.

830 cases were treated at the School Clinic, making 7,473 attendances.

All the above were cured.

(c) **Tonsils and Adenoids.**

231 children received treatment under the arrangements made by the Education Authority, and 23 received operative treatment otherwise.

During recent years there has been a steady increase in the number of parents accepting advice as to operative treatment. This advice is given after careful consideration and frequently a long period of observation.

See Table IV., Group III.

(d) **Tuberculosis.**

Not only is there an actual decline in the number of school children found to be suffering from tuberculosis, but, as stated in previous reports, modern diagnostic methods have tended to show that the disease is less common at this period of life than used to be supposed.

Attention is directed to a follow-up enquiry among children who have been under treatment in Honeylands Children's Sanatorium during the past ten years published in my report as Medical Officer of Health for this year.

Of 9 cases referred to the Clinical Tuberculosis Officer, the diagnosis was not confirmed in 7, leaving 2 under observation at the end of the year. In addition, 9 school children were treated in the Royal Devon and Exeter Hospital and 4 by the Devonian Association for Cripples' Aid on account of tuberculous conditions.

(e) **Skin Disease.**

(i) *Ringworm.*

During the past year it was again found unnecessary to treat any by X-rays. 33 cases were seen at the School Clinic, all but 2 being treated there. 6 only of these were the troublesome ring-

worm of scalp, the remaining 27 being the relatively unimportant ringworm of the body. They made 515 attendances at the Clinic and at the end of the year all were cured.

(ii) *Impetigo*.

23 cases of this disease were seen and treated at the School Clinic, making 207 attendances, and all were cured.

(iii) *Scabies*.

12 families were found to be suffering with this disease, and 25 cases were treated at the Cleansing Station, all were cured.

(f) **External Eye Disease.**

In addition to those treated at the School Clinic, there were treated at the West of England Eye Infirmary 30 cases, 4 in-patients (2 squint, and 2 other conditions) and 26 out-patients. See Table IV., Group II.

(g) **Vision.**

446 children received advice under the arrangements made by the Local Education Authority for correction of errors of refraction (including squint), 11 being treated privately. 414 pairs of spectacles were supplied, many of these were re-examinations.

(h) **Dental Defects.**

These are referred to in Table IV., Group IV.

## 6.—INFECTIOUS DISEASES.—School Children only.

Scarlet Fever 45 cases, Diphtheria 27, Chicken Pox 165, Rubella 4, Whooping Cough 191, Measles 323, Mumps 48, Impetigo 23, Ringworm 33.

We have accurate knowledge of the notifiable diseases; the other figures are taken from the weekly returns.

Measles was prevalent in the late winter, reaching its peak in the last week of February and thereafter subsiding slowly through March and April.

Cases of Whooping Cough were distributed throughout the year. Chicken Pox is endemic in all large centres of population,

but was not especially troublesome. The same applies to Mumps. Diphtheria was prevalent in the early part of the year and caused two deaths, while Scarlet Fever became troublesome in the autumn although never actually epidemic.

The influenza epidemic which began in December did not affect the schools during the period covered by this report.

## 7.—FOLLOWING UP.

The City is divided into four Health Areas each having its own Health Visitor, who acts as School Nurse, and its own Child Welfare Centre. Supervision of the child is therefore continuous from birth onwards so far as possible. Further medical co-ordination has been accomplished by making the districts of the Public Assistance District Medical Officers identical with these areas.

During the year the school nurses made 2,703 home visits against 2,840 in 1935, and 3,130 in 1934. The number of visits made is influenced by the prevalence of infectious disease.

## 8.—MEDICAL TREATMENT AVAILABLE.

(a) **Minor Ailments** are treated at the School Clinic.

(b) **Tonsils and Adenoids** cases, by arrangement with the Public Assistance Committee, are operated upon at the City Hospital, and this arrangement has worked quite satisfactorily during the year.

(c) **Tuberculosis.**

(1) At the City Tuberculosis Dispensary.

(2) At Honeylands Children's Sanatorium and School which has 20 beds for all types of tuberculosis suitable for this form of treatment provided they are not surgical cases or examples of adult type phthisis.

(3) At the Tuberculosis Wards at the Exeter Isolation Hospital for sputum positive cases, which are very rare in childhood.

(4) At the Princess Elizabeth Orthopaedic Hospital for cases of bone and joint disease, and at the Royal Devon and Exeter Hospital for other surgical cases.

(d) **Skin Diseases** are treated at the School Clinic.

(e) **External Eye Diseases** are treated at the School Clinic and also at the West of England Eye Infirmary, the latter being paid for at the rate of 2/- per visit, and all vision cases are dealt with at the West of England Eye Infirmary, being charged for at the rate of 7/- for examination, plus cost of spectacles which varies in individual cases.

Doubtless more cases of squint would require treatment in Exeter School children if they were not remedied at the Child Welfare Centres in the first instance.

Fusion training for squint cases had to be intermitted during the greater part of the year as the West of England Eye Infirmary was unable to secure the services of a trained assistant. This treatment was started again in December, 6 cases being recommended by the honorary surgeons.

(f) **Ear Disease and Hearing** cases are treated at the School Clinic.

(g) **Dental Defects** are treated at the School Dental Clinic. Up to the end of the year this work was undertaken by one whole time dental surgeon. Having regard to the Board's Circular 1444 the Education Committee has decided to appoint a part-time assistant dental surgeon to commence duties on the 1st April, 1937. This officer will undertake a group of ten schools comprising 1145 children. This is admittedly a temporary measure and a step towards the re-organisation of the Local Authority's dental service.

(h) **Crippling Defects and Orthopaedics.—Rheumatism.**

Under the agreement between the Education Committee and the Devonian Association for Cripples' Aid, a complete orthopaedic service is available for *elementary school Children*. Under present arrangements any doctor may refer cases to the Association's Exeter Clinic and the Local Authority guarantees the first clinic fee. Thereafter cases are referred back to the School Medical Officer for approval and for the assessment of

parents' contributions according to the Council's scale. The Association makes the following charges.

Princess Elizabeth Hospital—£2 10s. 0d. per week.

Convalescent Home, Tipton St. John—£1 15s. 0d. per week.

Hospital out-patients—2/6 per visit.

Clinic—4/- per visit.

With the approval of the Board of Education, the Association has agreed to admit suitable cases of juvenile rheumatism to its convalescent home at Tipton St. John, where such children can continue their education. The number of such cases, is, however, very small and none have been reported since the agreement was made. Previously their needs had to be met by various makeshift arrangements.

(See also Appendix II of the Annual Report of the Medical Officer of Health for this year).

**(i) Diseases of the Nervous System.—Child Guidance.**

With the approval of the Board of Education, difficult cases of nervous disease, whether functional or organic, are sent for advice and treatment to the Clinic at the Exeter Dispensary conducted by Dr. R. N. Craig.

Dr. Craig's valuable services have always been freely given and his advice in this type of case is very much appreciated. The number of children so referred was 5.

In addition Dr. Craig has been furnished with physical reports on children referred to him by the justices.

During the year, Dr. Craig gave a series of four lectures to teachers on abnormal behaviour in children. These lectures were very well attended and greatly appreciated. There is a general desire for a further course of lectures next autumn.

**(j) Contributions towards the Cost of Treatment.**

All Parents making use of the School Medical Treatment Schemes are called upon to pay according to their means, on a



scale approved by the Ministry. During the year 1935-36, the cost and contributions were as under.

			<i>Cost to Authority.</i>			<i>Contributions by Parents.</i>		
			£	s.	d.	£	s.	d.
Tonsils and Adenoids	.....	.....	372	4	0	75	16	3
Eyes	.....	.....	295	0	3	58	1	8
Orthopaedic	.....	.....	629	12	9	90	8	10
Dental	.....	.....	1,006	6	5	50	8	0

### 9.—OPEN AIR EDUCATION.

At Honeylands Children's Sanatorium the school is conducted on open-air principles. There is no open-air day school in Exeter.

### 10.—PHYSICAL TRAINING.

After consideration of the Board's Circulars Nos. 1444 and 1445, the Education Committee has decided to co-operate with the other education committees in the County to secure the services of organisers of physical education. The organisers will be available both for visits to the schools and in connection with classes for teachers and similar activities.

The Education Committee will also undertake to provide suitable clothing for elementary school children by stages. As a first step provision will be made for senior scholars during the ensuing financial year.

The Committee has been well to the front in the organisation of Play Centres during the holidays. Between August 4th and 28th, centres were provided at St. Loye's, Belmont and St. Thomas. Each centre was well equipped for various games and sports, including sand pits for the younger children. Each centre was in charge of a leader and there were daily sessions, 10.30 to 12 noon and 3.0 to 4.30 p.m., as well as evening sessions three times a week from 6.30 to 8 p.m.

Attendances varied from 70 to 350, being usually largest in the afternoons.

Milk at the special price of one halfpenny per third of a pint. was available each morning under a voluntary arrangement

During the Easter Holidays, play centres were organised at St. Loye's and St. Thomas' by a voluntary committee.

It is difficult to express adequately in words, the great value of these centres.

#### 11.—PROVISION OF MEALS.—Milk in Schools Scheme.

Of 35 school departments, 29 have adopted the official scheme, that is pasteurised milk at one half-penny per third of a pint. Two of these departments run another scheme as well, 4 departments provide malted milk or cocoa, and 2 have no scheme.

The number of children taking milk varies from one third to two thirds of those on the roll. It varies from school to school, and with the season.

It has been possible to supply hot milk in some of these schools, thus doing away with one reason, perhaps the commonest reason, why some children dislike milk.

A glance at the nutrition figures given elsewhere in this report shows that just under one-quarter of the elementary school children examined were above the average, 70·31% were average and only 12·81% below the average, ·08% only being classified as very bad. Nutrition is a complex subject, both standards and causes vary. There are many reasons for slight malnutrition besides lack of food: probably bad management in the home and physical illness are more frequent causes than actual want.

\* \* \*

At Hele's School (Secondary) a hot mid-day meal is supplied on all days when there is afternoon school.

The meal consists of two courses (meat and two vegetables, followed by pudding) and the cost is £2 per term. It was noted at the last inspection that quite a number of boys from the country failed to take advantage of the excellent mid-day meal supplied by the school authorities at a reasonable cost. The report continued: "In a few cases the boys are able to go to the homes of friends or relatives, which is a sensible arrangement; but in most cases the boy is dependent upon sandwiches and snacks, or occasionally given the wherewithal for a light cafe meal.



Snacks are intended to be casual and makeshift meals, and no matter how well they are prepared definitely fail to meet the physiological needs of growing boys. That the boy receives a hot meal in the evening when he, and incidentally his digestive apparatus are tired, is no reason for withholding a proper cooked dinner. Lasting harm may result from such a short-sighted policy. It is suggested that the attention of parents be directed to the matter."

Suitable action was taken and it is understood that there has been a good response.

## **12.—SCHOOL BATHS.**

During the summer session of 1936, 1,716 children received instruction in swimming. 604 lessons were given with a total of 14,065 individual attendances. Of the pupils who attended, 1,324 were beginners and 407 of these were able to swim at least 25 yards by the end of the session. Certificates had been gained as follows: 407 for 25 yards, 137 for 50 yards, 139 for 100 yards, and 75 for back stroke for 50 yards. Also ~~that~~ 159 children received instruction at Head Weir, where 46 lessons were given with a total of 666 individual attendances.

It is difficult to assess accurately the value of the instruction given, as children may begin attendance at the Baths at any time during the season. Only one certificate is issued per child, *i.e.*, for the longest distance, so that the number of children gaining certificates is 683. Even with this explanation the results cannot be considered satisfactory. Perhaps with improved facilities and revision of the system, better results may be forthcoming.

The Ross Shield is awarded annually to the school bringing forward the largest proportion of learners during the session. This year the trophy is held by John Stocker Temporary School with a percentage of 90.

The usual swimming galas were held—one for boys, and one for girls.

## **13.—CO-OPERATION OF TEACHERS, PARENTS, VOLUNTARY BODIES, ETC.**

My thanks are due to the Head Teachers of the City for all they do in facilitating the medical inspections and other work

among school children, and particularly for the interest shown in the Milk in Schools Scheme.

The value of parents attending the routine examinations of their children is obvious. The proportion of parents present at these examinations were 82%.

#### **14.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Particulars of these are given in Table 3.

During the year the West of England Institution for the Blind agreed to take suitable children as day pupils instead of insisting that they should be boarders as heretofore. A similar concession was obtained from the Deaf and Dumb Institution in a special case.\* These are valuable concessions, nevertheless there are many advantages to be found in residential schools for defective children requiring special types of training and education.

The ascertainment of mentally defective children is a laborious and time consuming part of school medical work. Under large authorities it is usually carried out by specialist officers who do little else. Some six or seven years ago there were considerable arrears in Exeter in the shape of children needing investigation. These have now been overtaken and it is unlikely that the figures shown in the tables of exceptional children further on in this report will be substantially exceeded. These tables show that 95 mentally defective children have been ascertained in addition to ineducable defective<sup>s</sup> notified to the Mental Deficiency Committee of the Local Authority from time to time. Of these 95 children, 12 are in special (residential) schools, 70 have been permitted to continue attendance at public elementary schools and 13 have had to be excluded and are therefore not receiving any proper training. With the gradual re-organisation of schools, it is hoped that much better provision will ultimately be made for the majority of those children who are capable of benefitting by instruction in classes and under teachers specially provided for them. There remains, however, a by no means insignificant minority who because of the degree of their mental defectiveness their habits and their home surroundings, can only be expected to derive satisfactory training in special residential institutions. Previous reports have referred to the difficulty experienced in dealing with this type of mental defective under the present law. There is also a lack of places in existing institutions. Meantime Part I. of the Scheme for enlarging the Royal Western Counties Institution at Starcross is proceeding.

Mental defectives under the care of the Education Committee are reported informally to the Mental Deficiency Committee after reaching the age of 16 for any necessary supervision.

\* This case was subsequently accepted by a private school.

## **15.—SECONDARY AND JUNIOR TECHNICAL SCHOOLS.**

### **(a) Medical Inspection.**

The School Medical Department inspects two such schools, namely Hele's School with a roll of approximately 375 boys and the Junior Technical School with a roll of 80.

The inspections are made annually in October and November. Hele's School was inspected by the School Medical Officer, the age groups being in accordance with the Board of Education's Memorandum dated November, 1925. The Junior Technical School was inspected by Dr. A. Dick, all the boys being submitted to a full inspection.

### **(b) Medical Treatment.**

There are no arrangements made for treatment by the Local Education Authority of those children found to be defective, and they are treated by their own medical and dental attendants. The arrangements for following up are left in the hands of the Headmasters of the Schools.

Reference to Table II. will show the defects found and the amount of treatment obtained up to the end of the year.

## **16.—CONTINUATION SCHOOLS.**

None.

## **17.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

Under the Bye-Laws in force, 215 medical certificates were issued and 115 children were re-examined for continuation of employment.

In 25 cased medical certificates were deferred owing to the children requiring medical treatment. Certificates were granted in 6 cases only, 19 not having obtained treatment.

## **18.—CHILDREN AND YOUNG PERSONS ACT, 1933.**

The City Council as Local Authority, has delegated its powers under this Act to the Education Committee, other than

any powers to borrow money and with the exception of powers arising out of section 12 (Failure to provide for safety of children at entertainments), section 65 (Power of Poor Law Authority to bring a refractory child before a Juvenile Court), section 77 (Provision of Remand Home), and Part 5 (relating to Voluntary Homes).

The School Medical Officer and his Assistants make the necessary examinations, and the Secretary for Education acts as Central Officer for collecting the various documents and reports that may be required. Arrangements have been made with private medical practitioners for the treatment of children and young persons who may be sick while in remand homes or under the guardianship of fit persons.

During the year four examinations were made under this Act. One case was reported to be feeble-minded and dealt with accordingly, two were sent to approved schools and one was sent to a Home for Epileptics.

At present three children are boarded out under this Act.

#### 19.—ORTHOPAEDIC TREATMENT.

The figures for the year show an increase and are as follows :

Hospital Cases 23. Clinic Cases 61. Total 84. They were classified as under :—

Infantile Paralysis .....	17	
Rickets .....	15	*NOTE.—Tubercul-
Condition due to injury ....	7	ous cases are dealt
Congenital defects .....	12	with through the
Tuberculosis .....	7*	Tuberculosis Dispen-
Miscellaneous .....	33	sary.
	—	
Total .....	91	
	—	

I am, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE,

*School Medical Officer.*



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# ELEMENTARY SCHOOLS

1936.

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## ELEMENTARY SCHOOLS, 1936.

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Population of City	.....	69,300
Elementary School Population	.....	7,578
No. of Elementary Schools	.....	21
No. of Departments	.....	35

### TABLE I.

Return of Medical Inspections 1st January to 31st December,  
1936.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	.....	971
Second Age Group	.....	749
Third Age Group	.....	668
Total	.....	<u>2,388</u>

Number of other Routine Inspections	.....	212
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#### B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	2,430
Number of Re-Inspections	.....	2,072
Total	.....	<u>4,502</u>



## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspections* to require treatment (**excluding Uncleanliness and Dental Diseases**).

## Prescribed Groups.

Entrants .....	182
Second Age Group .....	158
Third Age Group .....	152
Total (Prescribed Groups) .....	492
Other Routine Inspections .....	83
Grand Total .....	575

## B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

(In accordance with Administrative Memorandum No. 124, dated 31st December, 1934).

Age-Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	971	167	17.2	709	73.0	93	9.6	2	.2
Second Age-Group .....	749	112	15.0	541	72.2	96	12.8	—	—
Third-Age-Group .....	668	129	19.3	422	63.2	117	17.5	—	—
Other Routine Inspections .....	212	28	13.2	156	73.6	28	13.2	—	—
Total	2600	436	16.8	1828	70.31	334	12.81	2	.08

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL  
INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1936.

Defect or Disease.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.  (2)	Requiring to be kept under observation, but <i>not</i> requiring treatment.  (3)	Requiring treatment.  (4)	Requiring to be kept under observation, but <i>not</i> requiring treatment.  (5)
SKIN :—				
Ringworm—Scalp .....	1		6	
Body .....	1		27	
Scabies .....	1		24	
Impetigo .....			23	
Other Diseases (Non-Tuberculous) .....		152	836	28
EYE :—				
Blepharitis .....		30	1	
Conjunctivitis .....		11	15	
Keratitis .....				
Corneal Opacities .....		6		
Other Conditions (excluding Defect- ive Vision and Squint) .....	2	29	55	16
Defective Vision (excluding Squint) .....	143	59	201	4
Squint .....	19	20	12	1
EAR :—				
Defective Hearing .....		42		1
Otitis Media .....		12	47	
Other Ear Diseases .....	6	11	55	
NOSE AND THROAT :—				
Chronic Tonsillitis only .....	60	337	16	3
Adenoids only .....	10	24	16	3
Chronic Tonsillitis and Adenoids .....	223	129	186	10
Other Conditions .....	1	224	49	8
ENLARGED CERVICAL GLANDS :— (Non-Tuberculous) .....		266	1	
DEFECTIVE SPEECH :— .....		92		2

TABLE II.—continued.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION :—				
Heart Disease :				
Organic .....	1	6		1
Functional .....		3		1
Anaemia .....		35		
LUNGS :—				
Bronchitis .....		22	1	1
Other Non-Tuberculous Diseases ..				
TUBERCULOSIS :—				
Pulmonary :—				
Definite .....				
Suspected .....				
Non-Pulmonary :—				
Glands .....		1		
Bones and Joints .....		1		
Skin .....				
Other Forms .....				
NERVOUS SYSTEM :—				
Epilepsy .....				
Chorea .....				
Other Conditions .....		26		1
DEFORMITIES :—				
Rickets .....		158		
Spinal Curvature .....		9		1
Other Forms .....	13	107	2	
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases) .....	24	383	99	100
TOTAL .....	505	2195	1672	181

**TABLE III.—Return of all Exceptional Children in the Area.****Blind Children.**

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally blind, and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

**Partially Sighted Children.**

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
3	—	—	—	—	3

**Deaf Children.**

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing, and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	1	2

**TABLE III.**—continued.**Partially Deaf Children.**

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	Nil

**Mentally Defective Children.****FEEBLE-MINDED CHILDREN.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
12	70	—	13	95

**Epileptic Children.**

Children suffering from Severe Epilepsy.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	Nil.



**TABLE III.—continued.****Physically Defective Children.****A. TUBERCULOUS CHILDREN.**

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

**I. Children suffering from Pulmonary Tuberculosis.**

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	30	1	—	39

**II. Children suffering from Non-Pulmonary Tuberculosis.**

(This category should include tuberculosis of all sites other than those shown in I. above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	38	—	—	46

**B.—DELICATE CHILDREN.**

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6	7	—	—	13

**TABLE III.**—continued.**C.—CRIPPLED CHILDREN.**

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	25	—	1	27

**D.—CHILDREN WITH HEART DISEASE.**

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	8	—	—	8

**Children suffering from multiple defects.**

Information is only required in respect of children suffering from any combination of the following types of defect :—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling as (defined in Section C above).
- Heart Disease.

Number of children suffering from any combination of the above defects—1.



**TABLE III.**—continued.

Statement of the number of Children notified during the year ended 31st December, 1936, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 11

## ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. Children incapable of receiving benefit or further benefit from instruction in a Special School :		
Imbeciles .....	1	2
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .....	3	5
GRAND TOTAL .....	4	7

**TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1936.**

**Treatment Table.**

*Group I.—Minor Ailments* (excluding Uncleanliness) for which see Group VI.

Disease or Defect.  (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>SKIN—</b>			
Ringworm Scalp—			
(i). X-ray Treatment. If none, indicate by dash.....	—	—	—
(ii). Other Treatment .....	4	2	6
Ringworm—Body .....	27	—	27
Scabies .....	24	1	25
Impetigo .....	23	—	23
Other skin disease .....	—	—	—
<b>MINOR EYE DEFECTS—</b> (External and other, but excluding cases falling in Group II.) .....	25	—	25
<b>MINOR EAR DEFECTS—</b>	87	2	89
<b>MISCELLANEOUS—</b> (e.g., minor injuries, bruises, sores, chilblains, etc.) .....	830	—	830
<b>Total</b> .....	1020	5	1025

*Group II.—Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.  (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction including Squint ....	446	11	457
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .....	30	2	32
<b>Total</b> .....	476	13	489

TABLE IV.—GROUP II.—continued.

Defect or Disease.	No. of children for whom spectacles were—					
	Prescribed. (a)			Obtained. (b)		
	Under the Authority's Scheme.	Other-wise.	Total.	Under the Authority's Scheme.	Other-wise.	Total.
Errors of Refraction (including Squint) .....	414	11	425	405	11	416

*Group III.—Treatment of Defects of Nose and Throat.*

## NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv		
—	—	231	—	—	—	23	—	—	—	254	—	57	311

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other Defects of the Nose and Throat.

*Group IV.—Orthopaedic and Postural Defects.*

	Under the Authority's Scheme. (1)			Total number treated.
	Residential treatment with education. (1)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated .....	23	—	84	

  

	Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	
Number of children treated	—	—	—	84

TABLE IV.—continued.

*Group V.—Dental Inspection and Treatment.*

(1) Number of children inspected by the Dental Surgeon.

(a) Routine age-groups

Age .....	5	6	7	8	9	10	11	12	13	14	Total.
Number .....	619	820	813	759	750	611	412	399	251	26	5,460

(b) Specials ..... 313

(c) TOTAL (Routine and Specials) ..... 5,773

(2) Number found to require treatment ..... 2,370

(3) Number actually treated ..... 1,851

(4) Attendances made by children for treatment ..... 4,009

(5) Half-days devoted to :—

Inspection ..... 68

Treatment ..... 367

Total ..... 435

(7) Extractions :—

Permanent Teeth ..... 829

Temporary Teeth ..... 1954

Total ..... 2783(8) Administration of general  
anaesthetics for ex-  
tractions ..... 937

(6) Fillings :—

Permanent Teeth ..... 1444

Temporary Teeth ..... 69

Total ..... 1513

(9) Other Operations :—

Permanent Teeth ..... 975

Temporary Teeth ..... 782

Total ..... 1757*Group VI.—Uncleanliness and verminous conditions.*(i). Average number of visits per school made during the year  
by the School Nurses ..... 8(ii). Total number of examinations of children in the Schools by  
School Nurses ..... 21,492

(iii). Number of individual children found unclean ..... 797

(iv). Number of children cleansed under arrangements made by the  
Local Education Authority ..... 18

(v). Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921 ..... Nil

(b) Under School Attendance Bye-Laws ..... Nil

**Table V.—Table showing number of Children who attended the Inspection Clinic for Examination.**

Total—1936	.....	3,172
They were sent by the following :—		
Head Teachers	.....	1820
School Medical Officer	.....	526
School Nurse	.....	256
Medical Practitioners	.....	14
Parent's Own Initiative	.....	193
Miscellaneous	.....	—
*Inquiry Officers	.....	363
Total	.....	<u>3172</u>

**Conditions requiring Examination.**

Uncleanliness	.....	Dental Diseases	.....
Ringworm	.....	Heart and Circulation	.....
Impetigo	.....	Lung (Non-Tubercular)	.....
Ear Disease	.....	Nervous System	.....
Defective Vision	.....	Deformities	.....
Nose and Throat	.....	Other Defects and Diseases	.....
Glands	.....	*Certificates of Fitness to	.....
Defective Speech	.....	attend School, Employ-	.....
		ment Certificates, &c.	.....

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# Secondary School and Junior Technical School 1936

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**TABLE I.**

**Return of Medical Inspection 1st January to 31st December, 1936.**

INSPECTED :—

School.	Examinations.		Total.
	Complete.	Curtailed.	
Junior Technical (Boys)	77	—	77
Hele's (Boys)	192	153	345
Total .....	269	153	422

TABLE II.

A. RETURN OF DEFECTS found in the Course of Medical Inspection, 1936.

School.	Defect or Disease.	EXAMINATIONS.				Had Treatment at end of year.
		Complete.		Curtailed.		
		No. of Defects		No. of Defects		
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	
	(1)	(2)	(3)	(4)	(5)	*
Junior Technical (Boys)	Vision .....	3	9	—	—	1
	Tonsils and Adenoids .....	2	1	—	—	—
	Teeth .....	3	—	—	—	—
	Ear Disease .....	—	—	—	—	—
	Other Defects .....	1	2	—	—	—
Hele's (Boys)	Malnutrition .....	—	7	2	—	4
	Skin Disease .....	—	—	—	—	—
	Eye Disease .....	4	—	—	3	1
	Vision and Squint .....	22	1	11	—	23
	Ear Disease .....	—	—	3	—	1
	Tonsils and other Conditions .....	2	8	—	1	2
	Teeth .....	12	—	1	1	6
	Heart Trouble .....	—	—	—	—	—
	Deformities .....	1	—	—	—	1
	Other Defects .....	8	12	1	2	6

\*This return was made only two months after the inspection, no doubt the other defects will be remedied before the next inspection.



**TABLE II.**—continued.

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment.

School.	Group.	Number of Children.		Percentage of Children found to require treatment.
		Inspected.	Found to require treatment.	
Junior Technical (Boys).	Complete examinations	77	9	11.7
	Total ..... ..	77	9	11.7
Hele's (Boys).	Complete Examinations	192	47	24.4
	Curtailed Examinations	153	18	11.7
	Total ..... ..	345	65	18.8

**TABLE III.**

Numerical Return of all Exceptional Children in the Area in 1936.

*Nil.*

**TABLE IV.**

**GROUP I.**—Treatment of Minor Ailments, 1936.

No arrangements are made by the Local Education Authority for treatment

**GROUP II.—Defective Vision and Squint.**

School.	Defect or Disease.	Number of Defects dealt with.		
		Submitted to refraction by private practitioner or at Hospital.	Other-wise.	Total.
Junior Technical (Boys).	Errors of Refraction (including Squint)	1	—	1
	Total .....	1	—	1

Total number of Children for whom spectacles were prescribed and received spectacles—1.

Hele's (Boys).	Errors of Refraction (including Squint).	23	—	23
	Total .....	23	—	23

Total number of Children for whom spectacles were prescribed and received spectacles—23.

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**GROUPS III., IV., and V.—*Nil*.**